



**COMMONWEALTH OF KENTUCKY  
TELECOMMUNICATIONS RELAY SERVICE FUND  
TELECOMMUNICATIONS DEVICES FOR THE DEAF DISTRIBUTION FUND**

Date \_\_\_\_\_

Reporting Month \_\_\_\_\_

Carrier Information	
Company Name	
Company Address	
Telephone / Fax	
Vendor Number	

Classification Please Circle One      ILEC      CLEC
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Monthly Access Line Data	
1.	Total Access Lines in Service.....
2.	TRS Surcharge Per Access Line..... <u>\$0.09</u>
3.	Amount of TRS Surcharge Remitted to Fund .....
4.	TDD Surcharge Per Access Line..... <u>\$0.01</u>
5.	Amount of TDD Surcharge Remitted to Fund.....

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ <div style="text-align: center;">(Printed)</div>	Title _____ Company Official _____ <div style="text-align: center;">(Signed)</div>

Make check payable to: "Kentucky State Treasurer" and send with this report to:

JPMorgan Chase GP# 204519 / 204690  
 ATTN: Joseph A. Morales AVP.  
 Escrow Admin. 15th Floor  
 4 New York Plaza  
 New York, NY 10004



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:

Kentucky Public Service Commission  
 ATTN: Jim Stevens  
 211 Sower Blvd.  
 P.O. Box 615  
 Frankfort, KY 40602